

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534080

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3	2			1			
4				1			
5	2			1			
6				1			
7				1			
8				1			
9				1			
10				1			
11		1		1			
12	1			1			
13				1			
14	1			1			
15	1			1			
16				1			
17	1			1			
18	1			1			
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49							
50							
TOTAL IND.			1				
TOTAL DEP.			17				
TOTAL CLAIMS			18				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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95							
96							
97							
98							
99							
100							
TOTAL IND.			8				
TOTAL DEP.				8			
TOTAL CLAIMS							